

California School-Based MAA Manual

SECTION 8

Audit File

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Record Keeping and Retention

Overview

The heart of MAA claiming is the time survey. Federal regulations require that records be kept for three years after the end of the quarter in which the expenditures were incurred. If an audit is in progress, all records relevant to the audit must be retained until the completion of the audit or the final resolution of all audit exceptions, deferrals, and disallowances. All records retained must be stored ready-to-review in an audit file sorted by program; these files must be available to the State and Federal Government upon request in accordance with record retention requirements set forth under the 42 Code of Federal Regulations (CFR) Section 433.32. This documentation includes all **original** time survey documentation. The time survey documentation and OP must be kept at a location at the LEA and must be easily accessible.

Similarly, the documents that support the construction of a MAA claim need to be kept three years after the last claim revision. These documents include the documentation that supports the Medi-Cal percentage, the basis of the cost pools, and position descriptions and/or duty statements for all staff performing MAA.

Building and Maintaining an Audit File

Each LEA claiming unit must develop an audit file beginning the first quarter in which a time survey is conducted. A checklist has been developed to assist the LEA in this task. Documentation is necessary to respond to audit inquiries, especially in the absence of the specific staff that were responsible for the time survey or the MAA claim.

AUDIT FILE CHECKLIST

The following list is provided as a guide to determine what to include in the audit file when claiming for Medi-Cal Administrative Activities (MAA). The list is general in nature and is not intended to be all-inclusive.

Training Materials:	
	Copies of coordinator training materials indicating dates, locations, trainers, and attendance lists.
	Copies of all time survey trainings, dates, locations, trainers, and attendance lists.
Time Survey Materials:	
	Original time survey logs signed by the employee and the employee's supervisor.
	Copies of time cards or other methods of validating staff attendance for the time study period of each staff member participating in the time survey.
	Copies of the computations that calculated the allowable administrative time.
The Claiming Unit Functions Grid	
Position Descriptions/Duty Statements	
	Duty statements and/or position descriptions for staff performing MAA.
Invoice Documents	
	Worksheets, spreadsheets, and methodology used in developing the claim.
	Documentation to support how the indirect cost rate is calculated.
	Documentation to support the Medi-Cal percentage claimed.
Contracts	
	The contract between the Department of Health Services (DHS) and the LEC or LGA.
	Contracts or sub-contracts between any LEA/LEC/LGA participating in MAA.
	Contracts or Memorandums of Understanding (MOUs) between LEA and provider organization (County Office of Education, private organization, etc.).
	The contract with the Host Entity (if applicable), or State DHS.
	Time surveys (as above) if contractors are time surveying.
Organization Charts	
	Charts that show the supervision responsibility of staff involved in MAA claiming down to the level of clerical staff whose costs are included in the invoice.
Resource Directories	
	Copies of documents used to promote Medi-Cal that directly relate to surveyed time for such activities.

Quality Control

The LEA Coordinator is the first level of review to ensure that the operational plan is complete and accurate. This includes ensuring the accuracy of the time surveys for all staff in the claiming unit, the completeness and accuracy of the invoices, and thorough documentation to support the operational plan.

The LEC Coordinator is the second level of review. Review at this level should include continuous training, site visits, desk reviews, and review of the LEA operational plan to ensure accuracy and completeness. The LEC Coordinator is also responsible for receiving all invoices in their Region, checking to ensure accuracy and completeness, and submitting them to DHS.

DHS is the third level of review. DHS will be conducting different reviews:

- **Desk reviews** will be conducted on a periodic basis. These will include time survey reviews, operational plan reviews, claiming grid reviews and invoice reviews. DHS will request samples of these documents, as well as supporting documentation, on a random basis.
- **Site reviews** will be conducted on a rotational basis. These will be extensive, and will include time survey reviews, operational plan reviews, claiming unit function grid reviews and invoice reviews. DHS will be reviewing documentation supporting the invoice—which may include, but is not limited to, all of the items on the Audit File Checklist.

If a review results in an invoice overpayment, DHS will require a check from the claiming unit in the amount of the overpayment. Additional steps may be required, such as additional training, procedure changes, and internal audits.